

Montana Communicable Disease Weekly Update: 03/05/10



DISEASE INFORMATION

Summary – Week 8 – Ending 02/27/10 – Disease reports received at DPHHS during the reporting period February 21-27, 2010 included the following:

- Vaccine Preventable Diseases: Varicella (6), Invasive *S. pneumoniae*
- Enteric Diseases: Campylobacteriosis (1), Cryptosporidiosis (1), Giardiasis (3), Shigellosis (1 – acquired out of country)
- Other Conditions: Viral Meningitis (1)
- Travel Related Conditions: None

NOTE: The report has multiple pages reflecting the following information: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases YTD; (3) cases just this week; (4) clusters and outbreaks; and (5) an STD summary.

NEW! Surveillance Snippets – Testing for Acute Infection

THE “BUZZ”

NEW! RSV - Increased levels of RSV activity are being reported nationwide and around the state at this time. Respiratory syncytial virus (RSV) is the most common cause of bronchiolitis and pneumonia in children aged <1 year worldwide, some of which is severe and requires hospitalization. In addition, RSV is also responsible for severe respiratory disease in those >65 years old. In the U.S., RSV season generally begins during the fall and continues through the winter and spring, but the exact timing of RSV circulation varies by location and year. Data from the National Respiratory and Enteric Virus Surveillance System (NREVSS) are used to monitor the occurrence of RSV in the U.S. <http://www.cdc.gov/surveillance/nrevss/rsv/state.html>. Although individual cases of RSV are not reportable in Montana, outbreaks (>3 cases clustered by time/location) are. More information on RSV: www.cdc.gov/rsv

Influenza

Montana – Activity level in Montana is **NO ACTIVITY**. As of March 5, 2010, 761 MPHL PCR confirmed influenza cases had been reported from 40 counties since August 30, 2009. **No MPHL PCR confirmed cases have occurred since January 16, 2010.** Of the 2912 specimens submitted to the Montana Public Health Laboratory since August 30, 2009, 761 have been confirmed as 2009 H1N1 influenza cases. Of the 10,685 reports of confirmed or suspected H1N1 cases from providers and local health departments, 181 were hospitalized. 41% were female. Median age of those hospitalized was 42 (range 1 month – 88 years). 62% had underlying health conditions. Seventeen influenza-related deaths have been reported in Montana.

IMPORTANT! Rapid tests are not performing reliably at this point; false positives are occurring. If providers want accurate information about influenza status on a patient, it is recommended that specimens be sent to the Montana Public Health Laboratory for PCR testing. Current information on influenza testing by the Montana Public Health Laboratory can be found at <http://www.dphhs.mt.gov/PHSD/Lab/enviro-lab-index.shtml>.

United States - During week 8 (02/27/10), influenza activity stayed at the same level. Influenza and pneumonia deaths and doctor visits for flulike illnesses are below epidemic and baseline levels, respectively. (<http://www.cdc.gov/flu/weekly/>)

Diarrheal Disease and Food Recalls

Norovirus – Montana is currently experiencing increased levels of norovirus activity, particularly among residents of long-term care facilities and assisted living centers. Since January 1, 2010, a total of 5 different outbreaks occurring in 5 separate Montana communities have sickened approximately 165 residents and staff. Additionally, there have been

reports and confirmed cases in 8 counties around the state (Cascade, Chouteau, Lewis & Clark, Park, Roosevelt, Teton, Valley, and Yellowstone). LHDs and providers have been asked to:

1. Increase active surveillance activities to detect outbreaks and clusters of gastrointestinal illness promptly
2. Share "Guidelines for the Control of Suspected or Confirmed Outbreaks of Viral Gastroenteritis (Norovirus) in Long Term Care Facilities" with facilities in your jurisdiction.
3. Consider providing educational information regarding the prevention of norovirus information to the public.

Guidance documents can be found at: <http://www.dphhs.mt.gov/PHSD/epidemiology/cdepi-norovirus.shtml>.

INFORMATION / ANNOUNCEMENTS

TB and International Adoptions – The situation in Haiti has brought to light the importance of health screening for international adoptees from countries with higher rates of tuberculosis than the US. *A summary of issues that must be considered is attached.* Questions? Call Denise Ingman at 444-0275
Information on screening for TB and other recommended screening (HIV, parasites, syphilis, vaccine recommendations, etc.), can be found at:

- <http://www.cdc.gov/immigrantrefugeehealth/exams/recommendations-domestic-medical-screening-haitian-orphan.html>
- <http://www.cdc.gov/immigrantrefugeehealth/exams/parents-adopting-children-haiti-earthquake.html>
- <http://www.cdc.gov/immigrantrefugeehealth/exams/adoptees-tuberculosis-screening-faq.html>

HIV/STD Report Available – The HIV/STD End of Year Surveillance Report for 2009 is now available on the HIV Surveillance website at http://hivdata.hhs.mt.gov/pdf/Q4HIV_STDReport.pdf.

24/7 AVAILABILITY

The Communicable Disease Epidemiology program is available 24 hours a day/7days a week/365 days a year. Please call 406.444.0273 if you need immediate communicable disease epidemiology assistance. The answering service will take a message and we will return the call as quickly as possible.

This newsletter is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>.